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PROGRAMME PLANNING: COUNTRY, INTERCOUNTRY AND GLOBAL PROGRAMMES

GLOBAL HEALTH RESEARCH PROGRAMMES

Recommendation of the Administrator

Children's Health Research Programme (GLO/92/002)

Estimated UNDP contribution:	$16,100,000
Duration:	Five years
Executing Agency:	World Health Organization (WHO)

I. BACKGROUND

1. Three interrelated health research programmes are presented in this document which, together, represent a major effort by the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF), WHO, the World Bank and many other public and private-sector entities in both developed and developing countries to prevent and control childhood diseases.

2. Almost 40,000 children die every day in developing countries mostly as a result of infection and malnutrition. Those who survive face repeated onslaughts of diseases including bacterial, viral and parasitic infections.

3. In September 1990, global goals for the survival and development of children were adopted by the Heads of State and other world leaders who met at the World Summit for Children. Developing countries, donor countries and United Nations agencies were urged to give priority to the achievement of these goals. In the field of health, specific targets were set for the

reduction of infant and under-five child mortality rate by one third or to 50 and 70 per 1,000 live births respectively, as follows:

(i) global eradication of poliomyelitis by the year 2000;

(ii) elimination of neonatal tetanus by 1995;

(iii) reduction by 95 per cent in measles deaths and reduction by 90 per cent of measles cases compared to pre-immunization levels by 1995, as a major step to the global eradication of measles in the longer run;

(iv) maintenance of a high level of immunization coverage (at least 90 per cent of children under one year of age by the year 2000) against diphtheria, pertussis, tetanus, measles, poliomyelitis and tuberculosis, and against tetanus for women of child-bearing age;

(v) reduction by 50 per cent in the deaths due to diarrhoea in children under the age of five years and 25 per cent reduction in the diarrhoea-incidence rate; and

(vi) reduction by one third in the deaths due to acute respiratory infections in children under five years.

4. The Children's Health Research Programme will support the following four international health programmes which together represent a major contribution towards achieving the above targets: the WHO/UNDP Programme for Vaccine Development (PVD); the Diarrhoeal Diseases Control Programme (CDD); and the Programme for the Control of Acute Respiratory Infections (ARI) and the Children's Vaccine Initiative (CVI). The CDD and ARI programmes are co-sponsored by WHO, UNDP, the United Nations Children's Fund (UNICEF) and the World Bank.

5. Over the past years, these programmes, which represent multidonor partnerships, have produced new tools for disease prevention and control, for example, PVD: advances in biotechnology and immunology are applied to the development of improved and new vaccines (for example, controlled release vaccine for tetanus toxoid, heat-stable polio and improved measles vaccines), diagnostic tests (for example, tuberculosis); CDD: case management strategies, rational use of drugs, cost-effective approaches to interventions, behaviour research, breast-feeding practices; home use of oral rehydration therapy; ARI: case management strategies (for example, pneumonia), rational use of antibiotics, and behaviour research. A common feature of these programmes is the emphasis on research-capacity strengthening. In addition to research activities, the CDD and ARI programmes support national control programmes, including extensive training programmes in 150 countries.

6. In 1991, UNDP, WHO, UNICEF and the Rockefeller Foundation and many other parties joined forces in the Children's Vaccine Initiative (CVI), which represents a broad consortium including public and private sector agencies,

institutes and industries with an interest in vaccine development and production. The CVI, which is a direct follow-up to the World Summit for Children, represents a global effort to mobilize additional resources and coordinate vaccine development. It recognizes that no single organization, agency or industry has the resources, programmes or research capability for tackling the enormous task of preventing childhood diseases which still cause 11 million deaths annually. The aim of the CVI is to develop single-dose, heat-stable, orally administered vaccines, delivered shortly after birth which protect against a wide spectrum of diseases.

II. DESCRIPTION OF THE PROGRAMME

7. It is proposed that the global programme will support intensified and accelerated research efforts aimed at reaching the above targets for disease prevention and control, as follows:

(a) Vaccine development: improvement of existing vaccines, vaccine efficiency and delivery of the worldwide Expanded Programme of Immunization (EPI), development of new vaccines against acute respiratory infections, diarrhoea and other viral diseases;

(b) Diarrhoeal disease control: improvement of case management, epidemiology and disease prevention including hygiene education, the use of micronutrients, behavioural research and communications; and

(c) Control of acute respiratory infections: improvement of case management and therapeutic regimens and cost-effectiveness, reduction of risk factors (for example, indoor air pollution, nutrient deficiencies), behaviour and communication research.

8. The overriding goal of these closely related research programmes is to provide safe, affordable and effective products which can be used in community-based primary health care services in the developing world. The results of these research programmes will therefore have an impact on the ability of national health programmes to deliver affordable and sustainable community-based health care services.

9. Each programme has a technical advisory group composed of scientists from both developing and developed countries. Management and financial matters are reviewed twice a year by the co-sponsors of each programme. In addition, the CDD and ARI programmes are reviewed annually during a meeting of the co-sponsors, developing and developed countries and non-governmental organizations. UNDP's participation, as a co-sponsor, also helps to ensure that appropriate linkages are encouraged with relevant UNDP-supported country and regional initiatives and reflect priorities set by the Governing Council for the fifth cycle.

10. The PVD, CDD and ARI programmes were evaluated in 1989-1990 by external review teams. Recommendations included a call for an increased focus on

national research capacity strengthening, a careful balance between research and services components and increased attention on prevention and behaviour research. These reports are available on request.

11. The proposed UNDP contribution is $16.1 million for five years: PVD ($5.35 million), CVI ($2.75 million including support to the CVI secretariat), ARI ($3.5 million) and CDD ($4.5 million). The total annual contribution from other donors is approximately $20 million. The UNDP contributions will be used for support to international and national research institutes and collaboration with public and private sector companies.

III. RECOMMENDATION OF THE ADMINISTRATOR

12. The Administrator recommends that the Governing Council approve this project.